

The HUB Services Request Form

Building 99, Room 1118 Fax 475-7099

Department _____		Title of Original _____
Requested By _____	Phone No. _____	Due Date _____
Deliver to _____	Bldg. No. _____ Room No. _____	Job # _____

COPYING Tel: 475-2342 / COLOR COPIES: 475-2117

Acct. No. _____

<input type="checkbox"/> B&W/Grayscale Copies	<input type="checkbox"/> Color Copies
<input type="checkbox"/> Copies per original _____	<input type="checkbox"/> Total originals _____
<input type="checkbox"/> Hard copy _____	<input type="checkbox"/> Electronic Format _____

COPIED

<input type="checkbox"/> One-sided	<input type="checkbox"/> Two-sided
<input type="checkbox"/> Typesetting (requires additional days for job completion)	

PAPER

<input type="checkbox"/> 8.5x11 _____
<input type="checkbox"/> 8.5x14 _____
<input type="checkbox"/> 11x17 _____

PRINTING Tel: 475-2117

Acct. No. _____

of sets/impressions _____ total originals _____

PRINTED

<input type="checkbox"/> One-sided	<input type="checkbox"/> Two-sided
<input type="checkbox"/> Typesetting (requires additional days for job completion)	

INK

Black PMS colors _____

STOCK

<input type="checkbox"/> Letterhead	<input type="checkbox"/> Carbonless (No. of parts) _____
<input type="checkbox"/> Envelopes	
<input type="checkbox"/> First Class Labels	
<input type="checkbox"/> Other stock _____	

BINDERY

<input type="checkbox"/> Collate	<input type="checkbox"/> Staple	<input type="checkbox"/> Fold (type of) _____
<input type="checkbox"/> Pad Qty. _____ /# sheets per pad _____	<input type="checkbox"/> Cut size _____	<input type="checkbox"/> Drill (# of holes) _____
<input type="checkbox"/> Shrinkwrap	<input type="checkbox"/> Tape Binding	<input type="checkbox"/> Comb binding
<input type="checkbox"/> Perforating	<input type="checkbox"/> Scoring	<input type="checkbox"/> Numbering _____
		<input type="checkbox"/> Laminating
		<input type="checkbox"/> Other _____

MAILING Tel: 475-2300

Acct. No. _____

No. of Pieces _____

<input type="checkbox"/> Interoffice	<input type="checkbox"/> 1st Class
<input type="checkbox"/> Periodicals	<input type="checkbox"/> Standard
<input type="checkbox"/> Machine Set-up	<input type="checkbox"/> Labeling
<input type="checkbox"/> Processing	
<input type="checkbox"/> Machine/Hand Inserting	<input type="checkbox"/> Number of inserts _____
<input type="checkbox"/> Metering/Sealing	
<input type="checkbox"/> Tabbng _____	
<input type="checkbox"/> Other _____	

Jobs completed within 3-5 working days

FOR MAIL SERVICE USE ONLY

Date _____
 Acct # _____
 Pieces _____ Cost _____
 Date list rec'd _____ Date material rec'd _____
 Total of mailing _____
 Date completed _____
 Pc. Wgt. _____ # sacks/trays _____
 SCF Basic _____ SCF 3/5 _____

Special Instructions:

RIT GENERIC SUPPLIES (No Department Name) Acct. No. _____

Qty.	Item	Qty.	Item	Qty.	Item
___	Campus Connection Charge Authorization Form - 25/pkg	___	Invoice Payment Authorization - 25/pkg	___	Strathmore Script, 8.5x11, Bright White - Ream
___	Deposit ID Forms - 50/Pkg	___	Petty Cash Forms - 50/Pkg	___	Telephone & Routing Pads, 50 shts/pad - each
___	Exam Books, 8.5x11, Blue - 100/Pkg	___	RIT Of ce Memo Pads, 8.5x11, 50 shts/pad - each	___	Test Scoring Forms - 100/Pkg
___	Exam Books, 8.5x7, Blue - 100/pkg	___	RIT Of ce Memo Pads, 8.5x5.5, 50 shts/pad - each	___	Travel Expense Report - 25/Pkg
		___	RIT Shipping Forms - 25/pkg		